

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/30/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445126	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED  08/27/2012
NAME OF PROVIDER OR SUPPLIER  NHC HEALTHCARE, SEQUATCHIE			STREET ADDRESS, CITY, STATE, ZIP CODE 360 DELL TRAIL, PO BOX 878 DUNLAP, TN 37327		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 076 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities.</p> <p>(a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation.</p> <p>(b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 19.3.2.4</p> <p>This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to store oxygen cylinders in accordance with NFPA 99.</p> <p>The finding included:</p> <p>Observation on 8/27/12 at 9:41 AM revealed unsecured oxygen cylinders in the bathroom of room 401 (physical therapy station).</p> <p>This finding was acknowledged by the facility administrator and the maintenance director during the exit conference on 8/27/12.</p>	K 076	<p>1. The unsecured oxygen cylinder has been removed from the bathroom of room 401.</p> <p>2. All oxygen cylinders have been checked to assure they are being stored in an area enclosed by a one hour separation.</p> <p>3. An inservice will be held with all staff to assure the proper storage of oxygen is followed.</p> <p>4. The Director of Maintenance or his designee will check the oxygen storage on a daily basis for two weeks and weekly thereafter to assure proper storage.</p> <p>A report will be given to the Quality Assurance Committee.</p>	10/14/12	
K 130 SS=D	<p>NFPA 101 MISCELLANEOUS</p> <p>OTHER LSC DEFICIENCY NOT ON 2786</p>	K 130			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Anthony J. Ryle*

*Administrator*

*9/18/12*

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

SEP 19 2012

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K 130	Continued From page 1 This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to comply with the life safety code.  The finding included:  Observation on 8/27/12 at 11:39 AM revealed the fire door by the Director of Nursing office did not close within frame.  This finding was acknowledged by the facility administrator and the maintenance director during the exit conference on 8/27/12.	K 130	1. The Fire Door by the Director of Nursing's office closes within frame.  2. All Fire Doors have been checked and close within frame.  3. The Fire Door was repaired so it now closes within frame.  4. The Director of Maintenance or his designee will check all fire doors daily and during fire drills to assure they are closing within frame.		
K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2  This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to properly maintain electrical wiring and equipment.  The findings included:  1. Observation on 8/27/12 at 9:39 AM revealed storage or equipment in front of the electrical panels in the physical therapy room.  2. Observation on 8/27/12 at 10:04 AM revealed extension cords in use in conjunction with a splitter and a power-strip in the information office.  These findings were acknowledged by the facility administrator and maintenance director during the exit conference on 8/27/12.	K 147	A report will be given to the Quality Assurance Committee.       1. No equipment is being stored in front of the electrical panel in the physical therapy department.  No extension cord is being used in the information office.  2. All electrical panels have been checked to assure there is no storage or equipment in front of the panel.  All offices and other areas have been checked to assure there are no extension cords in use.	10/14/12       10/14/12	

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			<p>3. An inservice will held with all staff to emphasize the importance of not storing any items in front of electrical panels and not using extension cords.</p> <p>The electrical panel in the physical therapy department has been marked off with a sign to keep area clean of items.</p> <p>4. The Director of Maintenance or his designee will monitor all electrical panels to assure there is nothing stored in front of the panel and there is no use of extension cords.</p> <p>A report will be given to the Quality Assurance Committee.</p>		10/14/12

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